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## BIB DATA SHEET

CONFIRMATION NO. 1297

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/579,221    |                                  | 128   | 3771           | 4398-537            |

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/AU04/01650 11/25/2004 yes CB  
 which claims benefit of 60/524,728 11/25/2003 yes CB  
 and claims benefit of 60/538,507 01/26/2004 yes CB  
 and claims benefit of 60/550,319 03/08/2004 yes CB

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/05/2007

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | AUSTRALIA        | 32              | 26           | 2                  |
| Verified and<br>Acknowledged   | /CHRISTOPHER<br>JAMES BLIZZARD/<br>Examiner's Signature             | Initials                                     |                  |                 |              |                    |

**ADDRESS**

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 ARLINGTON, VA 22203  
 UNITED STATES

**TITLE**

Vent system for cpap patient interface used in treatment of sleep disordered breathing

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1330 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                    |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                    |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                    |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                    |   | <input type="checkbox"/> Other _____                         |
|                                    |   | <input type="checkbox"/> Credit                              |